



STATE OF TENNESSEE
INSURANCE ADMINISTRATION
DEPARTMENT OF FINANCE AND ADMINISTRATION
Suite 1300 William R. Snodgrass Tennessee Tower
312 Eighth Avenue North
Nashville, Tennessee 37243-0295
(615) 741-3590 fax (615) 741-8196

Dave Goetz
COMMISSIONER

Richard Chapman
EXECUTIVE DIRECTOR

RESUME FOR STATE GROUP INSURANCE COMMITTEE ELECTION

Directions: To be completed by candidate for state employee representative on the State Group Insurance Committee. Do not submit any information in addition to this form. This information will be distributed to state employees. (Please type)

Name: _____ Position: _____
Agency: _____ Address: _____

EMPLOYMENT HISTORY:

Position	Agency	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION:

School	Degree
_____	_____
_____	_____
_____	_____

MILITARY SERVICE:

Branch:	Years of Service
_____	_____

OTHER (Organization, Honors, Publications, etc.)



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QUALIFYING PETITION FOR STATE GROUP INSURANCE COMMITTEE ELECTION

Name: _____
Printed or Typed _____ Signature _____ Date _____

SSN: _____ Department: _____

Work Address: _____ Telephone: _____

We, the undersigned state employees who participate in the State Group Insurance Program, support the above named candidate as the state employee representative on the State Group Insurance Committee and wish that his/her name be placed on the official ballot.

Name	SSN	Name	SSN
1. _____	_____	15. _____	_____
2. _____	_____	16. _____	_____
3. _____	_____	17. _____	_____
4. _____	_____	18. _____	_____
5. _____	_____	19. _____	_____
6. _____	_____	20. _____	_____
7. _____	_____	21. _____	_____
8. _____	_____	22. _____	_____
9. _____	_____	23. _____	_____
10. _____	_____	24. _____	_____
11. _____	_____	25. _____	_____
12. _____	_____	26. _____	_____
13. _____	_____	27. _____	_____
14. _____	_____	28. _____	_____

Note: Petition must be received no later than 4:30 p.m. February 28, 2007. If any of the above names are not qualified, the petition will be returned. Send completed petition to Alisa Minton at the above address.